



INTERMOUNTAIN JUNIOR SCIENCE & HUMANITIES SYMPOSIUM

March 08-11, 2006



Nomination Form

University of Utah
200 S. Central Campus Drive, Rm. 80
Salt Lake City, UT 84112
(801) 585-8824 or (800) 685-8856

RETURN TO IJSHS BY November 11, 2005

Instructor Name: _____

High School: _____ **District:** _____

School Mailing Address: _____

City: _____ **State:** _____ **Zip code:** _____

School Phone: _____ **School Fax:** _____

School Website: _____

Subjects and Grade Taught by Instructor: _____

Student Name High school participants only Please Print Clearly Last Name, First Name	Grade 9, 10, 11, 12	GPA	Has the student attended a previous IJSHS (Yes/No) If yes, which year?	Will the student submit a research paper (Yes/No)*	Subject of research paper

***Note:** Students in the 12th grade or those who have attended previous symposiums will be **REQUIRED** to submit a research paper.

Date Instructor's Signature Instructor's Printed Name

Are you, as an instructor, interested in attending the IJSHS March 08-11, 2006 (Wed-Sat)?

- ☐ Yes, as a **PAYING DELEGATE** (Cost for paying delegate is \$200)
☐ Yes, as a **SPONSORING INSTRUCTOR** (Limited number @ \$50)
☐ No, I am unable to attend